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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N01781

1. Corporation Name

LEISUREVILLE POST NO. 10150 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.

Principal Place of Business

LEISUREVILLE  
BOYNTON BEACH FL 33426  
US

Mailing Address

P O BOX 833  
BOYNTON BEACH FL 33425-0833



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/05/1984

4. FEI Number

59-1602695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ZIMMERMAN, ROBERT  
811 SW 18 CT  
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert Zimmerman - QUARTERMASTER

DATE

12. OFFICERS AND DIRECTORS

T ☐ DELETE

FAZIO, VINCENT  
2833 SW 5 ST  
BOYTON BCH FL

T ☐ DELETE

MARTINELLI, HAROLD D  
1507 SW 21 ST  
BOYNTON BEACH FL

VDC ☐ DELETE

ZIMMERMANN, ROBERT  
811 SW 18TH CT  
BOYNTON BCH FL

T ☐ DELETE

JOSEPHSON, CARL  
119 NW 10 CT  
BOYNTON BEACH FL

T ☐ DELETE

FAZIO, VINCENT  
2833 SW 5 ST  
BOYTON BCH FL

T ☐ DELETE

FAZIO, VINCENT  
2833 SW 5 ST  
BOYTON BCH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE

Robert Zimmerman

Date

Daytime Phone #

1/11/99 561-736-7686

CR2E037 (11/98)